

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE SENATE

02 FEB 14 PM 3:56

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) – All Filers Are Required to Complete This Page

1. Registrant Name Powell, Goldstein, Frazer & Murphy LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 1001 Pennsylvania Avenue, N.W., Suite 600, Washington, D.C. 20004			
3. Principal Place of Business (if different from line 2) City: N.A. State/Zip (or Country)			
4. Contact Name Michael Fine		Telephone (202) 347-0066	5. Senate ID # 31942-214
7. Client Name <input type="checkbox"/> Self National Association of Public Hospitals and Health Systems		6. House ID # 31255011	

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☐ OR Year End (July 1-Decem

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date _____ 11. No Lobbyi

INCOME OR EXPENSES – Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u> Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	EXPENSES relating to lobbying activities for this re were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (neare: 14. REPORTING METHOD. Check box to in accounting method. See instructions for description <input type="checkbox"/> Method A. Reporting amounts using LDA defin <input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code

Signature _____

Printed Name and Title _____



Registrant Name **Powell, Goldstein, Frazer & Murphy LLP** Client Name **National Association of Public Health Systems**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code **MMM** (one per page)

16. Specific lobbying issues

Medicare and Medicaid Reimbursement (general)
Medicaid, Hill contacts (H.R. 854, H.R. 1604, S. 572 S. 776)
Extension of 340B Drug Pricing to inpatient drugs
Medicaid Upper Payment Limit regulation 42 CFR 447.272 & 447.321, S. 1745, H.R. 3360
Prescription drugs and Medicare Reform (general - no specific bills)
Emergency Medical Treatment Active Labor Act
Medicaid/SCHIP Restorations for Legal Immigrants (H.R. 1143, H.R. 1399, S. 792, S. 1227, H
Economic stimulus legislation (Medicaid-related provisions)
Outpatient prospective payment system regulation

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. House of Representatives
U.S. Senate
Department of Health and Human Services
White House

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Larry Gage	
Barbara Eyman	
Robert Falk	
Charles Luband	
Lisa Shapiro	
Charlotte Collins	
Hemi Tewarson	
Teresa Houser	Committee Staff to Senate Finance Comm
Chad Bowman	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature _____

Printed Name and Title _____



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name National Association of Public Hospitals and Health Systems

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Community Access Program Authorization (H.R. 504)
Nursing workforce legislation (S. 721, S. 706, H.R. 1436)
Bioterrorism legislation (no specific bill)

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

U.S. House of Representatives
U.S. Senate
White House
Department of Health & Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Larry Gage	
Barbara Eyman	
Lisa Shapiro	
Charles Luband	
Robert Falk	
Charlotte Collins	
Chad Bowman	
Teresa Houser	Committee Staff to Senate Finance Commi

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature _____

Printed Name and Title _____

Form LD-2 (REV. 6/98)

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Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name National Association of Public Health Systems

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code IMM (one per page)

16. Specific lobbying issues

**H-1B Program (H.R. 4227, H.R. 4402, H.R. 3983)
Immigrant health benefits-related legislation (H.R. 2635)
Federal Responsibility for Immigrant Health Act**

17. House(s) of Congress and Federal agencies contacted ☒ Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>Larry Gage</u>	
<u>Barbara Eyman</u>	
<u>Charles Luband</u>	
<u>Lisa Shapiro</u>	
<u>Hemi Tewarson</u>	
<u>Teresa Houser</u>	<u>Committee Staff to Senate Finance Commi</u>

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature _____

Printed Name and Title _____



Registrant Name Powell, Goldstein, Frazer & Murphy LLP Client Name

National Association of Public Hos
Health Systems

Information Update Page – Complete ONLY where information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Rob Falk

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	per

28. Name of each previously reported foreign entity that **no longer** owns or controls, or is affiliated with the registrant, affiliated organization.

Signature Barbara D. Eyman Date 2/10/2002

Printed Name and Title Barbara Eyman

